

**Chesapeake College
Institute for Adult Learning
Membership Application and Registration Form—Spring 2019**

This application covers classes in the SPRING semester. Please complete one form per person.

Membership entitles you to...

- Unlimited participation in all *IAL* courses & study groups.
- Attend Brown Bag Luncheons.
- Chesapeake College library privileges.

Name: _____ E-Mail _____ (Required)

Mailing Address: _____
Street or P.O. Box

City: _____ State: _____ Zip code: _____

*Social Security #: _____ *Date of Birth: _____

(Date of birth is required by the college to ensure the integrity of student records and to meet federal government reporting requirements.)

***A student's Date of Birth AND Social Security # must be on file to be able to register online. Include both your Date of Birth and Social Security # on this registration form to be able to take advantage of ONLINE registration in the future.*

Telephone (Home): _____ (Work/Cell): _____

In case of emergency, please contact: _____ Phone: _____

Professional interests/Vocational interests/Life experiences: _____

I WOULD LIKE TO BE ACTIVELY INVOLVED IN:

Teaching a course in: _____

Serving on a committee: Curriculum Membership Publicity Special Events

Suggestions for future courses: _____

By checking this box, you are not allowing your statistical information to be shared with council members and publish names and addresses for membership purposes.

Have you previously been a student at Chesapeake College (credit or non-credit)? Yes No

MEMBERSHIP DUES 2019 SPRING SEMESTER (check one box)

CEL 103 9S Membership - \$75

Paper & Online registration available.

CEL 160 9S Cambridge-Only Membership \$25

Paper only registration available.

Method of Payment: Check (payable to Chesapeake College) Credit Card Money Order (Do not mail cash.)

If payment is made by credit card, information may be faxed - 410-827-9222

Charge my membership to: (Circle One) Amex Discover Card MasterCard Visa

Card Number: _____ CID Number* _____ Expiration Date: _____

*(CID # is the last three digits in the signature box on the back of your credit card.)

Cardholder's Name: _____ Authorized Signature _____ Date: _____

Cardholder's Address if different from above: _____

How did you learn about the Institute? Flyer Friend Newspaper Other _____

I understand that Chesapeake College has no legal responsibility for my physical welfare while I am a member of the Institute of Adult Learning or on an Institute sponsored trip. The Institute reserves the right to cancel a course due to insufficient enrollment.

SIGNATURE _____ **DATE** _____